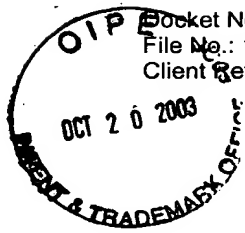


#37



Pocket No.: 3350-001
File No.: 1158.41320X00
Client Ref: RPP-1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of :
GARRISON et al. : Group Art Unit: 3623
:
Serial No. 08/994,047 : Examiner: A. Boyce
:
Filed: December 19, 1997 :
For: AN ELECTRONIC BILL PAYMENT SYSTEM WITH MERCHANT
IDENTIFICATION

RECEIVED
OCT 24 2003
GROUP 3600

REQUEST FOR ORAL HEARING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 20, 2003

Sir:

Pursuant to 37 CFR 1.194(b), Applicants hereby request an oral hearing in connection with the above-identified appeal.

The fee required, in the amount of \$290.00, by 37 CFR 1.17(g) is attached hereto.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

10/22/2003 JADD01 00000069 08994047
01 FC:1403 290.00 DP

Alfred A. Stadnicki
Registration No. 30,226

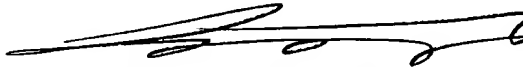
Tel.: 703-312-6600
AAS/slk

[X] A Credit Card Payment Form in the amount of \$620.00 is attached

[X] Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 01-2135, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully Submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP



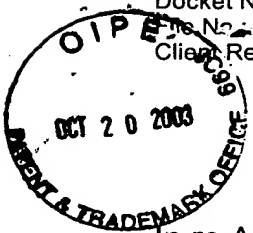
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AAS/slk

Docket No.: 3350-0001
File No.: 1158.41320X00
Client Ref: RPP-1

AFI 0013623\$
PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
GARRISON et al.

Serial No. 08/994,047

Filed: December 19, 1997

For: AN ELECTRONIC BILL PAYMENT SYSTEM WITH MERCHANT
IDENTIFICATION

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: Group Art Unit: 3623
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: Examiner: A. Boyce
:

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GROUP 3600

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 20, 2003

Sir:

Transmitted herewith is a Reply Brief in the above-identified application.

- ☐ No additional fee is required.
☒ Also attached: Request for Oral Hearing and Credit Card Payment Form

The fee (if applicable) has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims				x \$18 =	\$0
Independent Claims				x \$86 =	\$0
Reply Brief					\$330.00
Request for Oral Hearing					\$290.00
TOTAL FEE DUE					\$620.00